DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY, EUROPE REGIONAL MEDICAL COMMAND
CMR 442
APO AE 09042-1030

MCEU-DC

27 JUN 2003

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: ERMC Command Policy Letter **36**, Appointment Template Management

1. REFERENCES:

a. ASD(HA) Policy #00-005, 25 May 2000, Policy for Standardized Appointment Types

b. ASD(HA) Memorandum, 17 Sep 2002, Access to Care and Referral Times

c. APSII+SCRs Implementation Cookbook, 1 May 2002

d. SAIC/CHCS Doc. TC-4.5-0333, 29 Jul 1996, Patient Appointing and Scheduling (PAS): Schedule Supervision

e. SAIC/CHCS Doc. TC-4.5-0401, 29 Jul 1996, PAS: Appointment Booking

f. SAIC/CHCS Doc. TC-4.4-0400, 1995, Patient Appointment and Scheduling Reference Guide (CHCS)

2. BACKGROUND. This policy provides standardized direction to all ERMC military treatment facilities (MTFs) concerning the management of appointment schedules for care delivery in outpatient medical clinics (primary care and specialty), as well as, the basis to establish uniformity in the appointment scheduling process. Recent changes in the structure of the Composite Health Care System (CHCS) instituted appointment type standardization throughout the Military Health System (MHS), and are based on some key assumptions specifically related to the implementation of this policy. These assumptions are taken from reference 1.a. above and state:

a. One of the goals of the appointment process is to maximize the utilization of military treatment facility (MTF) capacity.

b. The appointment system is demand focused, not supply focused, and will strive to match supply to demand.

c. Leadership supports standardization and the efforts to operationalize the standardization.

3. PROGRAM MANAGEMENT: References in paragraphs 1.d. thru 1.f. provide specific guidelines for managers and appointment clerks to technically accomplish the patient appointing process. The following guidelines establish definitive policy relative to the oversight process of managing provider templates and scheduling appointments throughout ERMC:

a. General. The following guidelines apply to all outpatient medical clinics:

(1) Every clinic department head is responsible for monitoring appointment utilization in his/her clinic. An assessment of past, current, and future appointment schedules will be conducted on a

recurring basis to identify utilization trends and ensure appointment schedules meet patient demands for appointment availability.

(2) A primary and alternate Appointment Template Supervisor will be appointed in writing at each ERMC MTF and shall include role and responsibilities concerning appointment template management. As a minimum, the MTF Appointment Template Supervisor shall approve all changes or corrections to an existing template and will ensure that the parameters in all new templates conform to the guidelines in this policy. The Appointment Template Supervisor shall ensure full compliance with this policy and address any variations with the MTF Commander or his/her designated representative.

(3) Wait List requests will be utilized in all clinics. The Wait List Activated field in the CHCS clinic profile will be set to "Yes" for all clinics. Patients will remain on the Wait List until an appointment is booked for him or her from the Wait List or until the patient is intentionally deleted from the Wait List with the approval of the Appointment Template Supervisor.

(4) Booked appointment slots will not be "facility cancelled" until other clinic provider appointment schedules are assessed for openings. All ERMC clinics will ensure that "patient cancelled" appointment slots are canceled using the Cancel by Patient (CBP) option; therefore, the CHCS system will open the canceled appointment slot and make it available for use by another patient.

(5) Schedule time slots that are on Hold (or frozen) do not open automatically in CHCS; therefore, a daily review of the Problem Avoidance Report (generated by CHCS) will be accomplished by supervisors to ensure time slots are opened where possible.

(6) MTF commanders will be held accountable for the achievement of the Relative Value Unit (RVU) target under the Defense Health Plan (DHP) Performance Contract Summary. The AMEDD target for FY03 is 15.4 RVUs per provider per day.

b. Primary Care Clinics. The appointment templates for Primary Care clinics shall be established and managed to ensure the following:

(1) All changes to existing templates shall be approved by the Appointment Template Supervisor.

(2) The first appointment each day shall begin no later than 0745 hours for all scheduled providers. Exceptions may be approved by MEDCEN/MEDDAC Command based on coordination with BSB/ASG or Line Commander's needs assessment/requirement.

(3) Appointment templates, other than acute, shall be opened no less than in 60-day increments; however, the ERMC target is to open appointment schedules no less than in 90-day increments by 31 Dec 2003.

(4) Sick call shall be managed through a scheduled appointment system.

(5) Appointment schedules shall be designed to ensure the Army Medical Department (AMEDD) goal of 15.4 relative value units (RVUs) per provider per day is achieved, as a minimum. The Chief of Primary Care will work closely with the Appointment Template Supervisor to ensure the AMEDD goal is achieved.

(6) The following standard is established for the listed appointment types:

(a) Acute (ACUT) – 20 minutes

(b) Established/Follow-up (EST) – 15 minutes

(c) Routine (ROUT) – 15 minutes

(d) Initial Primary Care (PCM) – 20 minutes

(e) Wellness (WELL) – 30 minutes

Note: Open Access clinics which utilize the "OPAC" appointment type will follow these same time standards when appointing patients; except the OPAC appointment type will be the primary appointment type used.

(7) Providers who are regularly in hospital when on-call shall be assigned post-call walk-in templates to reduce cancellations. Clinical duties for post-call providers will resume following 8 hours of rest plus one (1) hour preparation time to arrive at work (for example, if on-call responsibilities require an in-hospital response at 0200, with duties completed at 0300, clinical duties will resume at 1200 hours).

c. Medical Specialty Clinics. The appointment templates for Medical Specialty Care clinics shall be established and managed to ensure the following:

(1) All changes to existing templates shall be approved by the Appointment Template Supervisor.

(2) The first appointment each day shall begin no later than 0745 hours for all scheduled providers. Exceptions may be approved by MEDCEN/MEDDAC Command based on coordination with BSB/ASG or Line Commander's needs assessment/requirement.

(3) Appointment templates, other than acute, shall be opened no less than in 60-day increments; however, the ERMC target is to open appointment schedules no less than in 90-day increments by 31 Dec 2003.

(4) Appointment schedules shall be designed to ensure that each provider sees a maximum number of patients per day. The department head will work closely with the Appointment Template Supervisor to ensure this goal is achieved.

(5) Providers who are regularly in hospital when on-call shall be assigned post-call walk-in templates to reduce cancellations. Clinical duties for post-call providers will resume following 8 hours of rest plus one (1) hour preparation time to arrive at work (for example, if on-call responsibilities require an in-hospital response at 0200, with duties completed at 0300, clinical duties will resume at 1200 hours).

(6) The following standard is established for the listed appointment types:

(a) Established/Follow-up (EST) – 30 minutes

(b) Routine (ROUT) – 15 minutes

(c) Procedure (PROC) – variable, depending on procedure

(d) Wellness (WELL) – 30 minutes

(e) Specialty Care (SPEC) – 45 minutes

d. Surgical Specialty Clinics. The appointment templates for Surgical Specialty Care clinics shall be established and managed to ensure the following:

(1) All changes to existing templates shall be approved by the Appointment Template Supervisor.

(2) The first appointment each day shall begin no later than 0800 hours for all scheduled providers.

(3) Appointment templates, other than acute, shall be opened no less than in 60-day increments; however, the ERMC target is to open appointment schedules no less than in 90-day increments by 31 Dec 2003.

(4) Providers who are regularly in hospital when on-call shall be assigned post-call walk-in templates to reduce cancellations. Clinical duties for post-call providers will resume following 8 hours of rest plus one (1) hour preparation time to arrive at work (for example, if on-call responsibilities require an in-hospital response at 0200, with duties completed at 0300, clinical duties will resume at 1200 hours).

(5) The Operating Room (OR) Supervisor shall provide each Surgical Specialty Clinic with a completed OR schedule a minimum of one week prior to each clinic opening its appointment schedules.

(6) Appointment schedules shall be designed to ensure that each provider sees a maximum number of patients per day, when scheduled OR time is not a factor. The department head will work closely with the Appointment Template Supervisor to ensure this goal is achieved.

(7) The following standard is established for the listed appointment types:

(a) Established/Follow-up (EST) – 20 minutes

(b) Wellness (WELL) – 30 minutes

(c) Procedure (PROC) – variable, depending on procedure

(d) Initial Specialty Care (SPEC) – 30 minutes

e. Mental Health Clinics. The appointment templates for the Mental Health clinics shall be established and managed to ensure the following:

(1) All changes to existing templates shall be approved by the Appointment Template Supervisor.

(2) The first appointment each day shall begin no later than 0745 hours for all scheduled providers.

(3) Appointment templates, other than acute, shall be opened no less than in 60-day increments; however, the ERMC target is to open appointment schedules no less than in 90-day increments by 31 Dec 2003.

(4) Providers who are regularly in hospital when on-call shall be assigned post-call walk-in templates to reduce cancellations. Clinical duties for post-call providers will resume following 8 hours of rest plus one (1) hour preparation time to arrive at work (for example, if on-call responsibilities require an in-hospital response at 0200, with duties completed at 0300, clinical duties will resume at 1200 hours).

(5) Appointment schedules shall be designed to ensure that each provider sees a maximum number of patients per day. The department head will work closely with the Appointment Template Supervisor to ensure this goal is achieved.

(6) The following standard is established for the listed appointment types:

(a) Established/Follow-up (EST) – 30 minutes (follow-up appointments)

(b) Wellness (WELL) – 60 minutes (command-directed evaluations)

(c) Wellness (WELL$) – 90 minutes (VA evaluations)

(d) Initial Specialty Care (SPEC) – 50 minutes (new scheduled evaluations)

(e) Initial Specialty Care (SPEC$) – 20 minutes (physician admin/paperwork associated with new evaluation)

(f) Acute Appointment (ACUT) – 45 minutes (urgent/walk-in to clinic)

(g) Acute Appointment (ACUT$) – (ER consultation)

(h) Procedure Appointment (PROC) – varied based on testing required (for technician use)

4. The proponent for this policy is the Chief, Clinical Operations at DSN 371-3303.

ELDER GRANGER
Brigadier General, USA
Commanding

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